

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY		ATTORNEY'S DOCKET PU4803US
() Declaration submitted with initial filing or (x) Declaration submitted after initial filing (surcharge required 37CFR1.16(e))		First Names Inventor: BLED SOE
		Complete if known: App No.: 10/600,751
		Filing Date June 20, 2003
		Group Art Unit: 1645

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

STRUCTURE OF A GLUCOCORTICOID RECEPTOR LIGAND BINDING DOMAIN COMPRISING AN EXPANDED BINDING POCKET AND METHODS EMPLOYING SAME

the specification of which (check only one item below):

[] is attached hereto.
 OR
 [x] was filed on June 20, 2003 as United States application Serial No. 10/600,751 or PCT International Application Number _____ filed _____ and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:			
Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
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I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

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1. 60/390,610	06/21/2002	
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2 0 1	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	BLED SOE	Randy	K
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		Durham	NC	US
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709 US
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	INVENTOR'S SIGNATURE	LAMBERT, III	Millard	H
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	INVENTOR'S SIGNATURE	MONTANA	Valerie	G
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2	FULL NAME OF INVENTOR	FAMILY NAME STEWART	FIRST GIVEN NAME Eugenc	SECOND GIVEN NAME/INITIAL L
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
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2	FULL NAME OF INVENTOR	FAMILY NAME Xu	FIRST GIVEN NAME H	SECOND GIVEN NAME/INITIAL Eric
	INVENTOR'S SIGNATURE	Signature		Date:
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	INVENTOR'S SIGNATURE	Signature		Date
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		BLEDSON	Randy	K
		<i>Randy K Bledson</i>		Date: 7-24-03
		Durham	NC	US
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709 US
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		MONTANA	Valerie	G
		Signature		Date
		Durham	NC US	US
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		BLEDSE	Randy	K
0	INVENTOR'S SIGNATURE	Signature		Date:
1	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
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2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		LAMBERT, III	Millard	H
0	INVENTOR'S SIGNATURE	Signature <i>Millard H</i>		Date: August 5, 2003
2	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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		MONTANA	Valerie	G
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2	FULL NAME OF INVENTOR	FAMILY NAME STEWART	FIRST GIVEN NAME Eugene	SECOND GIVEN NAME/INITIAL L
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME Xu	FIRST GIVEN NAME H	SECOND GIVEN NAME/INITIAL Eric
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Grand Rapids	STATE OR FOREIGN COUNTRY MI	COUNTRY OF CITIZENSHIP US
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS c/o Van Andel Research Institute 333 Bostwick, NE	CITY Grand Rapids	STATE & ZIP CODE/COUNTRY Michigan 49503, US

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY		ATTORNEY'S DOCKET PU4803US	
<input type="checkbox"/> Declaration submitted with initial filing or <input checked="" type="checkbox"/> Declaration submitted after initial filing (surcharge required 37CFR1.16(e))		First Names Inventor: BLED SOE	
		Complete if known: App No.: 10/600,751	
		Filing Date June 20, 2003	
		Group Art Unit: 1645	

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

STRUCTURE OF A GLUCOCORTICOID RECEPTOR LIGAND BINDING DOMAIN COMPRISING AN EXPANDED BINDING POCKET AND METHODS EMPLOYING SAME

the specification of which (check only one item below):

☐ is attached hereto.
 OR
☒ was filed on June 20, 2003 as United States application Serial No. 10/600,751 or PCT International Application Number _____ filed _____ and was amended on (MM/DD/YYYY) _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign applications(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:			
Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)	
1. 60/390,610	06/21/2002	
2.		

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued				ATTORNEY'S POCKET NUMBER PU4803US
<p>I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p>				
PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION				
			STATUS (Check one)	
U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	PATENTED	PENDING	ABANDONED
<p>POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462</p>				
<p>Address all correspondence and telephone calls to Customer Number 23347 David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398</p>			<p>Direct Telephone Calls to: Frank P. Grassler 919-483-2482</p>	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>				
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME BLED SOE	FIRST GIVEN NAME Randy	SECOND GIVEN NAME/INITIAL K
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME LAMBERT, III	FIRST GIVEN NAME Millard	SECOND GIVEN NAME/INITIAL H
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME MONTANA	FIRST GIVEN NAME Valerie	SECOND GIVEN NAME/INITIAL G
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

2	FULL NAME OF INVENTOR	FAMILY NAME STEWART	FIRST GIVEN NAME Eugene	SECOND GIVEN NAME/INITIAL L
0	INVENTOR'S SIGNATURE	Signature <i>Eugene L. Stewart</i>		Date: <i>7/24/2003</i>
4	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME Xu	FIRST GIVEN NAME H	SECOND GIVEN NAME/INITIAL Eric
0	INVENTOR'S SIGNATURE	Signature		Date:
5	RESIDENCE & CITIZENSHIP	CITY Grand Rapids	STATE OR FOREIGN COUNTRY MI	COUNTRY OF CITIZENSHIP US
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS c/o Van Andel Research Institute 333 Bostwick, NE	CITY Grand Rapids	STATE & ZIP CODE/COUNTRY Michigan 49503, US

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET
PU4803US

First Names Inventor:
BLED SOE

Complete if known:

App No.:
10/600,751

Filing Date
June 20, 2003

Group Art Unit:
1645

() Declaration submitted with initial filing or

(x) Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

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the specification of which (check only one item below):

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OR

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Application Number _____ filed _____ and was amended on (MM/DD/YYYY)
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PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
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2.	

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued				ATTORNEY'S DOCKET NUMBER PU4803US	
<p>I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p>					
PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION					
U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)		
			PATENTED	PENDING	ABANDONED
<p>POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462</p>					
<p>Address all correspondence and telephone calls to Customer Number 23347 David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398</p>				<p>Direct Telephone Calls to: Frank P. Grassler 919-483-2482</p>	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>					
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME BLED SOE	FIRST GIVEN NAME Randy	SECOND GIVEN NAME/INITIAL K	
	INVENTOR'S SIGNATURE	Signature		Date:	
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US	
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US	
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME LAMBERT, III	FIRST GIVEN NAME Millard	SECOND GIVEN NAME/INITIAL H	
	INVENTOR'S SIGNATURE	Signature		Date:	
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US	
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2 0 3	FULL NAME OF INVENTOR	FAMILY NAME MONTANA	FIRST GIVEN NAME Valerie	SECOND GIVEN NAME/INITIAL G	
	INVENTOR'S SIGNATURE	Signature		Date:	
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US	
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2	FULL NAME OF INVENTOR	FAMILY NAME STEWART	FIRST GIVEN NAME Eugene	SECOND GIVEN NAME/INITIAL L
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME Xu	FIRST GIVEN NAME H	SECOND GIVEN NAME/INITIAL Eric
	INVENTOR'S SIGNATURE	Signature 		Date: 8/4/03
0	RESIDENCE & CITIZENSHIP	CITY Grand Rapids	STATE OR FOREIGN COUNTRY MI	COUNTRY OF CITIZENSHIP US
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS c/o Van Andel Research Institute 333 Bostwick, NE	CITY Grand Rapids	STATE & ZIP CODE/COUNTRY Michigan 49503, US

copy

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY****ATTORNEY'S DOCKET
PU4803US**First Names Inventor:
BLED SOEComplete if known:App No.:
10/600,751Filing Date
June 20, 2003Group Art Unit:
1645

() Declaration submitted with initial filing or

(x) Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

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**STRUCTURE OF A GLUCOCORTICOID RECEPTOR LIGAND BINDING DOMAIN COMPRISING
AN EXPANDED BINDING POCKET AND METHODS EMPLOYING SAME**

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on June 20, 2003 as United States application Serial No. 10/600,751 or PCT InternationalApplication Number _____ filed _____ and was amended on (MM/DD/YYYY)
(if applicable)

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PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1. 60/390,610	06/21/2002
2.	

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued				ATTORNEY'S DOCKET NUMBER PU4803US
<p>I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p>				
PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION				
U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)	
			<input type="checkbox"/> PATENTED <input type="checkbox"/> PENDING <input type="checkbox"/> ABANDONED	
<p>POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462</p>				
Address all correspondence and telephone calls to Customer Number <u>23347</u> David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398			Direct Telephone Calls to: Frank P. Grassler 919-483-2482	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>				
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME BLED SOE	FIRST GIVEN NAME Randy	SECOND GIVEN NAME/INITIAL K
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME LAMBERT, III	FIRST GIVEN NAME Millard	SECOND GIVEN NAME/INITIAL H
	INVENTOR'S SIGNATURE	Signature <i>Millard A. Lambert III</i>		Date: <i>August 5, 2003</i>
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME MONTANA	FIRST GIVEN NAME Valerie	SECOND GIVEN NAME/INITIAL G
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
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2	FULL NAME OF INVENTOR	FAMILY NAME STEWART	FIRST GIVEN NAME Eugene	SECOND GIVEN NAME/INITIAL L
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME Xu	FIRST GIVEN NAME H	SECOND GIVEN NAME/INITIAL Eric
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Grand Rapids	STATE OR FOREIGN COUNTRY MI	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS c/o Van Andel Research Institute 333 Bostwick, NE	CITY Grand Rapids	STATE & ZIP CODE/COUNTRY Michigan 49503, US

COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY

ATTORNEY'S DOCKET
PU4803US

First Names Inventor:
BLED SOE

Complete if known:

App No.:
10/600,751

Filing Date
June 20, 2003

Group Art Unit:
1645

() Declaration submitted with initial filing or

(x) Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

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the specification of which (check only one item below):

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OR

[x] was filed on June 20, 2003 as United States application Serial No. 10/600,751 or PCT International

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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued				ATTORNEY'S DOCKET NUMBER PU4803US
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2 0 1	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		BLEDSE	Randy	K
	Durham	NC	US	
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709 US
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		LAMBERT, III	Millard	H
	Durham	NC US	US	
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		MONTANA	Valerie	G
		<i>Valerie M. Montana</i>		7/25/03
	Durham	NC US	US	
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US

2	FULL NAME OF INVENTOR	FAMILY NAME STEWART	FIRST GIVEN NAME Eugene	SECOND GIVEN NAME/INITIAL L
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
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2	FULL NAME OF INVENTOR	FAMILY NAME Xu	FIRST GIVEN NAME H	SECOND GIVEN NAME/INITIAL Eric
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Grand Rapids	STATE OR FOREIGN COUNTRY MI	COUNTRY OF CITIZENSHIP US
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As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**STRUCTURE OF A GLUCOCORTICOID RECEPTOR LIGAND BINDING DOMAIN COMPRISING
AN EXPANDED BINDING POCKET AND METHODS EMPLOYING SAME**

the specification of which (check only one item below):

[] is attached hereto.

OR

[x] was filed on June 20, 2003 as United States application Serial No. 10/600,751 or PCT InternationalApplication Number _____ filed _____ and was amended on (MM/DD/YYYY)
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119 (a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate or of any PCT international application having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

Prior Foreign Application Number (s)	Country	Foreign Filing Date (MM/DD/YYYY)	PRIORITY CLAIMED
1.			
2.			
3.			
4.			
5.			

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

Application No.	Filing Date (MM/DD/YYYY)
1. 60/390,610	06/21/2002
2.	

COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued				ATTORNEY'S DOCKET NUMBER PU4803US
<p>I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application;</p>				
PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION				
U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)	
			PATENTED	PENDING
			ABANDONED	
<p>POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462</p>				
Address all correspondence and telephone calls to Customer Number <u>23347</u> David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398			Direct Telephone Calls to: <p style="text-align: center;">Frank P. Grassler 919-483-2482</p>	
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p>				
2 0 1	FULL NAME OF INVENTOR	FAMILY NAME BLED SOE	FIRST GIVEN NAME Randy	SECOND GIVEN NAME/INITIAL K
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY NC 27709 US
2 0 2	FULL NAME OF INVENTOR	FAMILY NAME LAMBERT, III	FIRST GIVEN NAME Millard	SECOND GIVEN NAME/INITIAL H
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2 0 3	FULL NAME OF INVENTOR	FAMILY NAME MONTANA	FIRST GIVEN NAME Valerie	SECOND GIVEN NAME/INITIAL G
	INVENTOR'S SIGNATURE	Signature		Date:
	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US

2	FULL NAME OF INVENTOR	FAMILY NAME STEWART	FIRST GIVEN NAME Eugene	SECOND GIVEN NAME/INITIAL L
0	INVENTOR'S SIGNATURE	Signature <i>Eugene L. Stewart</i>		Date: 7/24/2003
4	RESIDENCE & CITIZENSHIP	CITY Durham	STATE OR FOREIGN COUNTRY NC US	COUNTRY OF CITIZENSHIP US
4	POST OFFICE ADDRESS	POST OFFICE ADDRESS GlaxoSmithKline Five Moore Drive, PO Box 13398	CITY Research Triangle Park	STATE & ZIP CODE/COUNTRY North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME Xu	FIRST GIVEN NAME H	SECOND GIVEN NAME/INITIAL Eric
0	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY Grand Rapids	STATE OR FOREIGN COUNTRY MI	COUNTRY OF CITIZENSHIP US
5	POST OFFICE ADDRESS	POST OFFICE ADDRESS c/o Van Andel Research Institute 333 Bostwick, NE	CITY Grand Rapids	STATE & ZIP CODE/COUNTRY Michigan 49503, US

**COMBINED DECLARATION FOR UTILITY OR DESIGN PATENT
APPLICATION WITH POWER OF ATTORNEY**ATTORNEY'S DOCKET
PU4803USFirst Names Inventor:
BLED SOEComplete if known:
App No.:
10/600,751Filing Date
June 20, 2003Group Art Unit:
1645

() Declaration submitted with initial filing or

(x) Declaration submitted after initial filing (surcharge required 37CFR1.16(e))

As below named inventor. I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

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COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued				ATTORNEY'S DOCKET NUMBER PU4803US
<p>I hereby claim the benefit under 35 U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p>				
PRIOR U.S. PARENT APPLICATION or PCT PARENT APPLICATION				
U.S. Parent Application or PCT Parent Number		Parent Filing Date (MM/DD/YYYY)	STATUS (Check one)	
			PATENTED	PENDING
			ABANDONED	
<p>POWER OF ATTORNEY: As a named inventor, I hereby appoint the practitioners associated with the Customer Numbers provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith Customer Number 23347 and Customer Number 20462</p>				
Address all correspondence and telephone calls to Customer Number 23347 David J. Levy Corporate Intellectual Property GlaxoSmithKline Five Moore Drive, PO Box 13398 Research Triangle Park, NC 27709-3398			Direct Telephone Calls to: <div style="text-align: center;">Frank P. Grassler 919-483-2482</div>	
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2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		BLED SOE	Randy	K
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Durham	NC	US
1	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	NC 27709 US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		LAMBERT, III	Millard	H
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Durham	NC US	US
2	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
		MONTANA	Valerie	G
	INVENTOR'S SIGNATURE	Signature		Date:
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
		Durham	NC US	US
3	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline Five Moore Drive, PO Box 13398	Research Triangle Park	North Carolina 27709, US

2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	STEWART	Eugene	L
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	Durham	NC US	US
4		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		GlaxoSmithKline	Research Triangle Park	North Carolina 27709, US
		Five Moore Drive, PO Box 13398		
2	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME/INITIAL
	INVENTOR'S SIGNATURE	Xu	H	Eric
0	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	Grand Rapids	MI	US
5		POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
		c/o Van Andel Research Institute	Grand Rapids	Michigan 49503, US
		333 Bostwick, NE		